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APPLICANTS

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**\*\* CONTINUING DATA \*\*\*\*\***  
 This application is a DIV of 09/305,027 05/04/1999 PAT 6,627,214  
 which is a CIP of 09/002,447 01/02/1998 ABN

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
**\*\* 11/01/2003**

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature <i>Z.F.</i> Initials	STATE OR COUNTRY NJ	SHEETS DRAWING 0	TOTAL CLAIMS 8	INDEPENDENT CLAIMS 1
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TITLE  
 Ibuprofen composition

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
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